

9-11-87

SHIPPER 17742

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

C A X 0 0 0 0 3 6 4 8 3

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

PARA PLATE

3242 E. OLYMPIC BLVD. LOS ANGELES, CA 90023

4. Generator's Phone (213) 268-4281

A. State Manifest Document Number

87114288

B. State Generator's ID

C A X 0 0 0 0 3 6 4 8 3

C. State Transporter's ID 410902785

D. Transporter's Phone 213/ 698-0991

5. Transporter 1 Company Name

OMEGA RECOVERY SERVICES

6. US EPA ID Number

C A D 0 4 2 2 4 5 0 0 1

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

OMEGA RECOVERY SERVICES

12504 E. WHITTIER BLVD.

WHITTIER, CA 90602

10. US EPA ID Number

C A D 0 4 2 2 4 5 0 0 1

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

C A D 0 4 2 2 4 5 0 0 1

H. Facility's Phone

213/ 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

WASTE ORM-A N.D.S. NA 1693 ORM-A
(FLEXOSOLVENT)

12. Containers
No. Type

0 0 1 2 D M 1 0 6 P G

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

1. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a. 01

c.

d.

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

ALBERT KOIKE

Signature

Albert Koike

Month Day Year
10 9 11 1987

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

TIM BALTICERA

Signature

Tim Balticera

Month Day Year
10 9 11 1987

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

ALBERT KOIKE

Signature

ALBERT KOIKE

Month Day Year
10 9 11 1987

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

FRANK FORD

Signature

Frank Ford

Month Day Year
10 9 11 1987

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802 WITHIN CALIFORNIA CALL 1-800-852-7550